

Return or mail to: Public Works Dept.
attn: Veterans Cemetery; Laurel City Hall,
115 W. 1st St., Laurel, MT 59044

Yellowstone County Veterans Cemetery (YCVC) Burial Application

1. **Date:** _____

2. **Casket burial?** ☐ **Cremated remains?** ☐

3. **Name of Deceased:** (last, first, middle name) _____, _____, _____

4. **Male** ☐ **Female** ☐

5. **Social Security Number:** _____ **Service Number:** (if known) _____

6. **Permanent Street Address:** (street, city, county, state) _____

7. **Yellowstone County resident?** **Yes** ☐ **No** ☐ **Verified by:** (drivers license, etc) _____

8. **Birth date:** _____ **Place of birth:** (city, county, state) _____

9. **Date of death:** _____ **Place of death:** (city, county, state) _____

10. **Military Veteran?** **Yes** ☐ **No** ☐ If YES, check all applicable below. Attach copy of discharge.

a. **Army** ☐ **Navy** ☐ **Marines** ☐ **Air Force** ☐ **Coast Guard** ☐ **Other** ☐

b. **Dates of Military Service (if known):** _____

c. **Type of Discharge:** **Honorable** ☐ **Dishonorable** ☐ **Unknown** ☐

d. **Campaigns:** ex, WWII, Korea, Vietnam, Desert Storm _____

e. **Former Prisoner of War?** **Yes** ☐ **No** ☐

11. **Is deceased: Spouse of Veteran?** ☐ **Dependant Child of Veteran?** ☐ **N/A** ☐

Other? ☐ (explain) _____

12. **Is the surviving spouse a veteran?** **Yes** ☐ **No** ☐ **N/A** ☐

13. **If the spouse is a veteran, is he/she requesting an adjacent burial plot?** **Yes** ☐ **No** ☐

14. **Next-of-kin:** (last, first, middle initial) _____, _____, _____

Street Address: (street, city, county, state, zip code) _____

Mailing Address: _____

Telephone #: _____ **E-mail:** _____

15. **Financially responsible person:** (last, first, middle initial) _____, _____, _____

Street Address: _____

Mailing Address: _____

Telephone #: _____ **E-mail:** _____

Applicant signature: _____ **Date:** _____

Approved for burial ☐ **Disapproved** ☐ (if disapproved explain) _____

Payment received? **Yes** ☐ **No** ☐ **Check/money order/credit card** _____

(signed) _____ (date) _____

Yellowstone County Veterans Cemetery Representative

Person(s) in Charge of Disposition of Remains:

Telephone #: _____ **E-mail:** _____ **Burial date:** _____

Burial location: **Section:** _____ **Row:** _____ **Plot:** _____ **Subplot:** _____

Columbarium: **Panel:** _____ **Row:** _____ **Niche:** _____ **Subniche:** _____

Spousal reserved location: _____